



DELAWARE INSURANCE DEPARTMENT  
QUARTERLY PREMIUM TAX PREPAYMENT  
FOR THE CALENDAR YEAR 2014

Original Report ☐

Amended Report ☐

**Q14**  
**WFT-9**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Premium Tax Contact Person: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Federal E.I.N. #: \_\_\_\_\_

N.A.I.C. #: \_\_\_\_\_

N.A.I.C. Group #: \_\_\_\_\_

**QUARTERLY TAX LIABILITY CALCULATION AND REPORT**

1. Estimated Tax Liability for CURRENT year: \_\_\_\_\_
2. Domestic Insurer's Privilege Tax Liability: + \_\_\_\_\_
3. **TOTAL** Estimated Tax Liability: = \_\_\_\_\_
4. Payment Rate – Enter rate for current calendar quarter X \_\_\_\_\_
5. **TOTAL** Amount Due: \$ \_\_\_\_\_

*Questions should be directed to:*  
**Ann Fletcher**  
Premium Tax Coordinator  
E-mail: [Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)

**IMPORTANT:** Payment must be RECEIVED  
on or before each due date indicated below.

SELECT REPORT TYPE			Amt. Due Per §702(d)
<input type="checkbox"/>	<b>Q114</b>	Due APRIL 15, 2014	50%
<input type="checkbox"/>	<b>Q214</b>	Due JUNE 15, 2014	20%
<input type="checkbox"/>	<b>Q314</b>	Due SEPTEMBER 15, 2014	20%
<input type="checkbox"/>	<b>Q414</b>	Due DECEMBER 15, 2014	10%

**INSTRUCTIONS**

In accordance with Title 18 Delaware Insurance Code, Section 702, prepayment of the estimated tax liability for the current year is required.

- Line 1: Estimated Tax Liability is based on the amount expected to appear on Line 10 of the Annual Premium Tax Report for the current year. Those companies with premium from Employer/Trust Owned Life Insurance policies **MUST** include their estimated year-end liability as will appear on Line 13 of Annual Premium Tax Report in the calculation of quarterly premium tax prepayments.
- Line 2: Delaware Domestic Insurers **MUST** include Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.
- Line 3: Sum Line 1 and Line 2
- Line 4: Enter the payment rate being reported for the current calendar year as described above per §702.
- Line 5: Multiply Line 3 by the payment rate. Pay this amount.

**NOTE:** If there is no quarterly payment amount due, a zero filing (\$0.00) is NOT required.

**MAILING INSTRUCTIONS**

Mail this form, along with a check made payable to *Delaware Department of Insurance*, to the following address:

DELAWARE DEPARTMENT OF INSURANCE  
ATTN: PREMIUM TAX SECTION  
841 SILVER LAKE BLVD.  
DOVER, DE 19904-2465